

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. * 09/714663 | FILING DATE 11/17/00 | | | | |
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| | | | | | | APPLICANT(S) | | | | | |
| 12-21-01 9-29-04 CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | |
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| TOTAL DEP. | 12 | | | | | | TOTAL DEP. | | | | |
| TOTAL CLAIMS | 13 | | | | | | TOTAL CLAIMS | | | | |